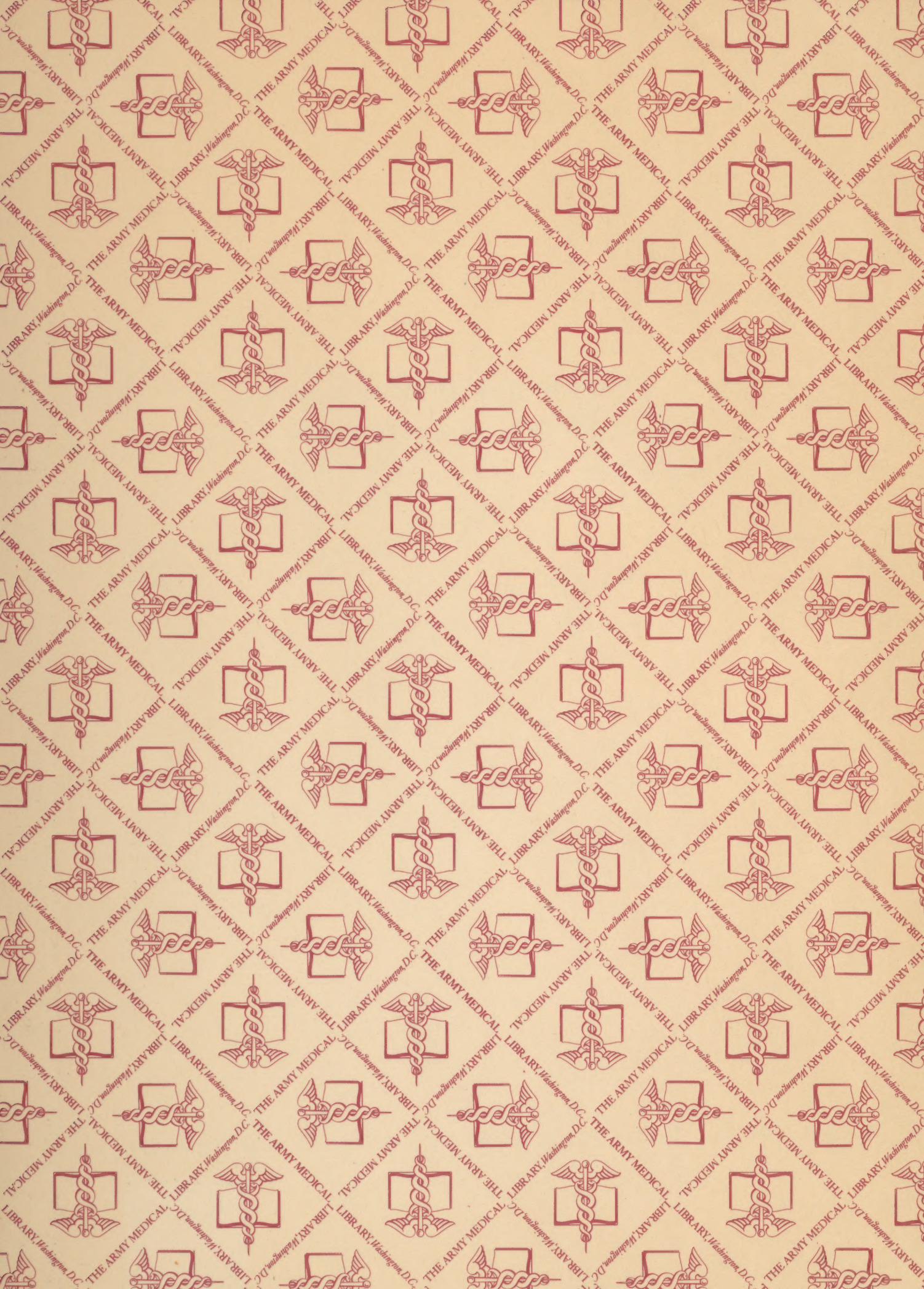
GEORGIA DEPARTMENT OF PUBLIC HEALTH.

PROPOSED INDUSTRIAL HEALTH PROGRAM FOR INDUSTRY WITH 10,000 EMPLOYERS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For
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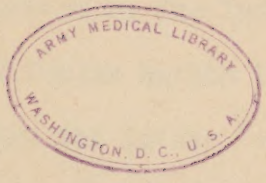

GEORGIA DEPARTMENT OF PUBLIC HEALTH - INDUSTRIAL HYGIENE SERVICE - Atlanta, Georgia

PROPOSED INDUSTRIAL HEALTH PROGRAM
For
INDUSTRY WITH 10,000 EMPLOYEES

"The time lost annually to industry through illness and disability is appalling. If this time were spent on the job instead of in the hospital or sick room, it would enable us to send down the ways more than 50 new super-dreadnoughts of the North Carolina class -- a fleet large enough to protect our shores and also clear the sea-lanes for any expeditionary forces we choose to dispatch." This is a direct quotation from Paul V. McNutt, who also says that "our primary responsibility, therefore, is to transfer the largest possible proportion of this lost time from the debit to the credit side of the ledger."

This plan is submitted by the Industrial Hygiene Service of the Georgia Department of Public Health to help meet the above challenge. It will require the active cooperation of the insurance carrier and the local county board of health for its full operation.

This program, with modifications, is applicable to any industrial plant.

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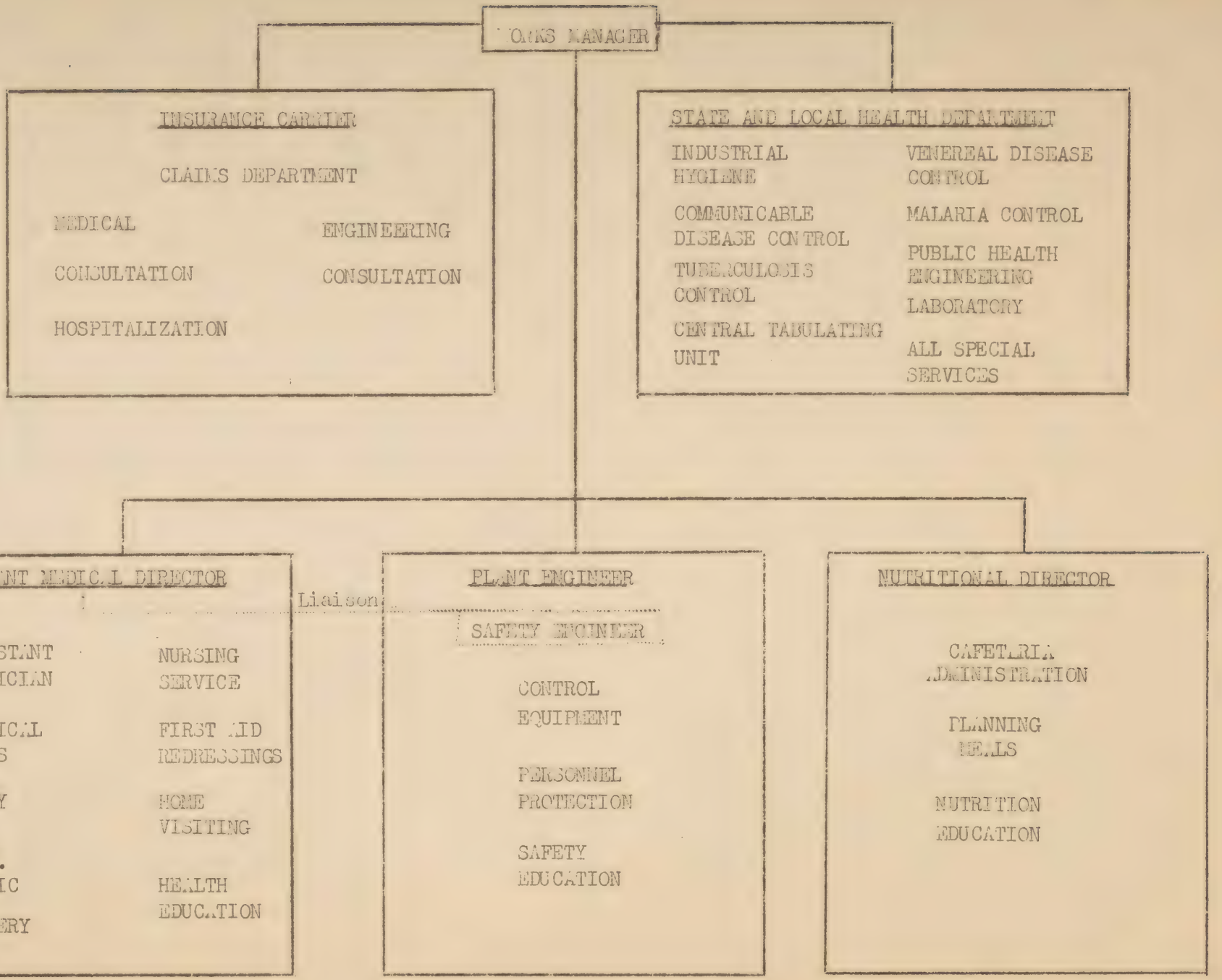
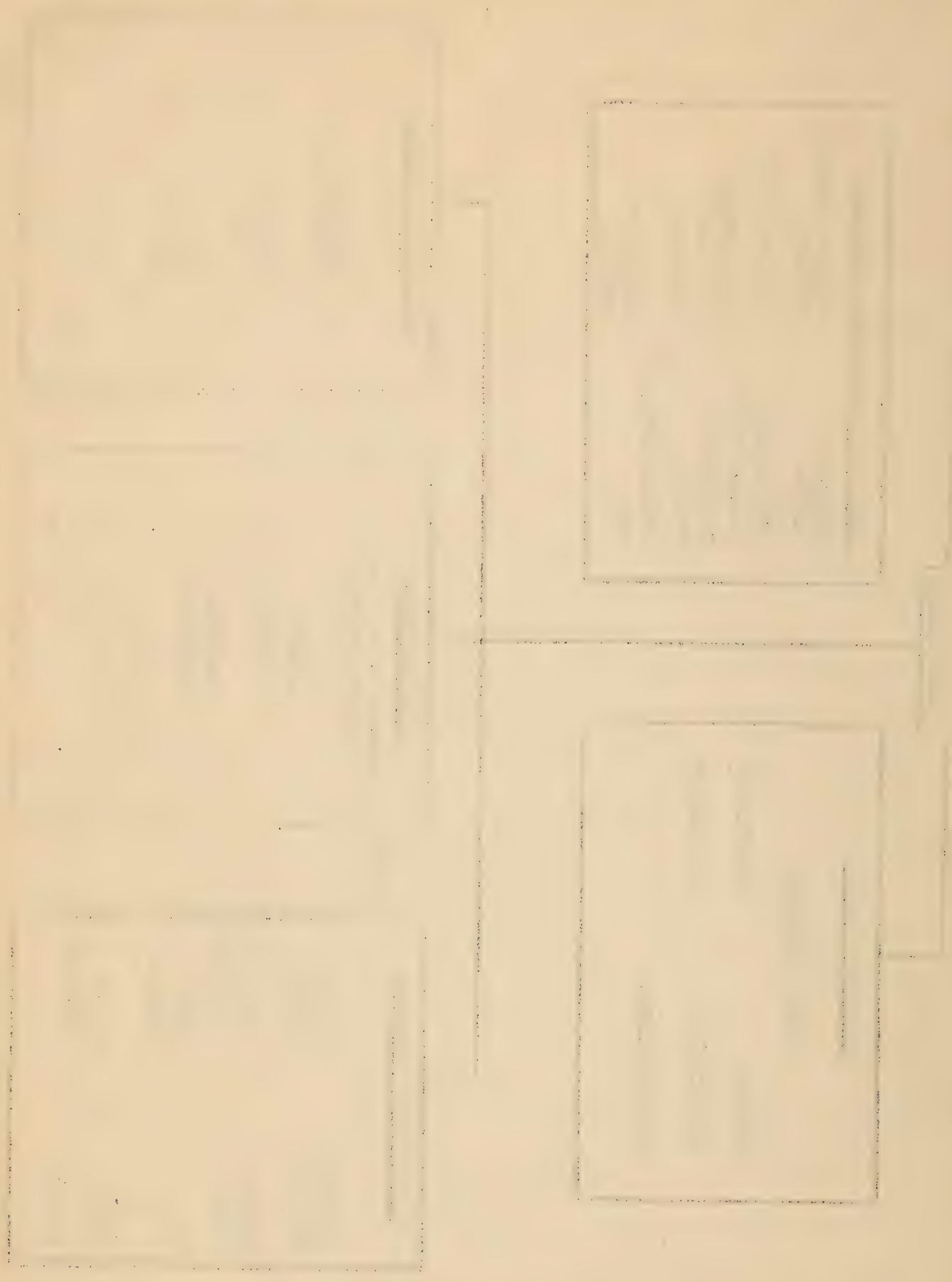
ORGANIZATION CHART





Industrial statistics reveal that much greater monetary savings and greater production increases can be expected from prevention of non-industrial illnesses and accidents than can be expected from industrial accident prevention and safety programs. Over 90% of all absenteeism from illness and accidents is due to non-occupational causes. Mr. Andrew Fletcher, treasurer of the St. Joseph Lead Company, has estimated from his records that the direct costs which can be reasonably expected to be saved by applying preventive measures to non-occupational illness is about $70 per employee per year. Statistics collected by the National Association of Manufacturers, the Industrial Conference Board, the U. S. Public Health Service, the American College of Surgeons, and the British Medical Association are substantially in agreement.

It is estimated that if these findings in industry at large are applicable to War industries, the reduction in preventive absenteeism due to non-occupational illness in an industry employing 10,000 individuals would be $700,000 annually. The expenditure of not over $75,000 in a health program should be adequate to secure this savings, exclusive of housing and utilities. This estimate includes such savings as wages of substitute employees, reduced labor turnover, reduction in compensation insurance premiums, improved efficiency of the workers resulting in increased production capacity per man, reduction in breakage and spoilage because of inexperienced operators, fewer idle machines, and the overhead costs which continue even though the employee is a non-producer. This estimate does not include the savings to the workers themselves.

The purpose of physical examinations in this program is to assign men to work in accordance with their capabilities and not to exclude them from employment. The rights of the workman to employment must at all times be scrupulously observed except where such employment would endanger the lives of his fellow employees.

Attacks on health problems in war-time industries should be concentrated on these illnesses which are actually or potentially of high rank in morbidity and mortality rates, and which also are preventable by proven techniques. The following diseases are among the most important diseases in this catagory. Their discovery and control require specialized equipment and techniques which should be highlighted:

1. Tuberculosis
2. Venereal Diseases
3. Diseases controlled by immunizations
4. Nutritional deficiencies
5. Occupational diseases

Measures for the control of these diseases among industrial employees are discussed in greater detail in the following pages.

In addition to these five important groups, other health department activities such as malaria control, typhus control, and other problems of environmental sanitation are normally carried on by the health department.

TUBERCULOSIS IN INDUSTRY:

Respiratory diseases are the leading cause of absenteeism in industry. Studies by Gafafer indicate that they are responsible for thirty to forty percent of the total calendar days lost from illness. Tuberculosis is the most important preventable respiratory disease. It is the leading cause of death in the 15 to 45 year age group in the United States, and is the leading cause of death in all age groups among the preventable infectious diseases. The tuberculosis death rate in the United States rose after our entry into World War I, but has declined steadily since then. Should this downward trend continue for only a few more decades, tuberculosis will be reduced to the position of a minor cause of death in nearly all American industries. However, in 1940 it rose again in nineteen cities in the United States. The importance of these trends is magnified by the sky-rocketing rates in Europe.

Furthermore, the United States military services are using modern X-ray case-finding techniques in their routine physical examinations. Selective service registrants with tuberculosis are rejected. In New York State, 0.9% to 1.3% of all registrants have been rejected because of tuberculosis; in Pennsylvania, 2% have been rejected. These military rejectees should not be allowed to swell the tuberculosis case rates in industry. In addition to the needless absenteeism and production losses, it is not practical to spend billions in compensation for treatment of sickness which could have been prevented at relatively small expense. The compensation payments of the Federal government to veterans for service connected tuberculosis by 1938 had exceeded one billion dollars. This does not include costs of construction and maintenance of the 12 veterans tuberculosis hospitals.

To find tuberculosis effectively in the most economical manner, the routine physical examination must include chest X-ray study. A photofluographic X-ray unit, using 35 mm. films, is a practical device which can be used to screen out suspects. Several hundred examinations can be made daily with this machine. Suspects found by this technique require further study. The Georgia Department of Public Health has portable equipment of this character which can be used temporarily pending the securing of permanent equipment and personnel by the industry. Details for follow-up of cases will have to be worked out later by the medical director in conference with the health authorities, the local tuberculosis association, and the local medical profession.

The tuberculosis case-finding program will benefit the individual case, the employer, the insurance carrier, and the community at large.

1) Individual cases will be discovered early while still curable.

2) The plant is saved the absenteeism and production losses not only caused by the illness in the original case, but also similar losses which would otherwise develop from secondary cases.

3) Accident rates and compensation payments are lowered.

4) All cases discovered would assist greatly the case-finding effort of the community health organizations.

VENEREAL DISEASES IN INDUSTRY:

The attention of employers is now beginning to be focussed upon the relation that venereal diseases bear to lowered industrial efficiency and hidden costs. Some of the largest companies now carrying on programs of syphilis control include the DuPont Corporation, the Caterpillar Tractor Works, the Aluminum Company of America, the General Electric Company, the Koppers Coal Company, and the General River Coal Company. Men in the military services are also protected by official venereal disease control.

The problems in the expanding war industries are complicated by the large congregations of employees in areas away from their homes and with poor housing conditions. Under these conditions their chances of acquiring venereal diseases are high and its results are costly both to the worker and to his employer. War industries should protect themselves from these losses. A worker with early symptoms of syphilis, such as a sore or a body rash, may be psychologically disturbed and the quality of his work affected. However, such inefficiency as this is a minor thing compared to the disastrous occurrences which may be the result of unrecognized syphilis in its later stages. A bone injury in a patient with unrecognized latent syphilis may cause a longer period of disability than would be expected in a healthy individual. Accidents due to mental lapses in patients with unrecognized central nervous system syphilis may cost thousands of dollars in workers compensation to others who are injured or killed; in damaged equipment; and in interruption in production through labor replacement.

The following venereal disease control program is proposed, adapted from the program suggested by Captain Ernest W. Brown, of the United States Navy:

1) Educational:

a) Management: - The education of executives is sometimes necessary to teach them that all syphilitic personnel are not infectious, and that infectious cases are readily rendered non-infectious by treatment; also that such personnel are not bad industrial risks and will not prove expensive in costs for medical care or early retirement provided that adequate treatment is administered. To discharge a skilled worker whose infection is amenable to treatment is simply a waste of trained man power.

b) Labor: - To teach the employee the facts about venereal diseases, such as the mechanism of infection and the methods of prevention and treatment; the hazards of untreated or improperly treated syphilis being stressed. The most effective single method is the sound motion picture followed by a question period for the audience. Such educational films are available through the health department.

2) Blood Tests: - Pre-employment and Periodic - of all personnel.

The State Health Department Laboratory is prepared to perform Kahn tests. Keidel tubes will be furnished at cost, or sterile sealed glass vials will be furnished free if desired. Cases with positive blood tests should be referred to the medical service for definitive disposition. One positive blood test alone unsupported by other evidence does not establish the diagnosis of syphilis, especially in the presence of acute febrile illness. Positive cases should not be discharged simply because they have syphilis. Compliance with the blood test should be a requirement for admission.

3) Disposition

a) Cases Positive with no other signs: - These cases to be accepted for employment on condition that they will accept and maintain adequate treatment. In view of the War emergency drain on the medical profession, a treatment clinic should be maintained by the medical department of the corporation unless competent treatment can be provided privately at reasonable prices.

b) Cases Presenting Symptoms: - Cases in the early infectious stage of syphilis should be deferred until rendered non-infectious by treatment; cases in late disabling stages should be permanently excluded.

c) Cases Found on Periodic Examination of Employees: - To be retained in employment in the event of compliance with treatment requirements; cases presenting evidence of late disabling stages to be retained, if feasible, by transfer to other types of activity not involving possible occupational hazards. In other words, discrimination must be strictly avoided. The leaders of both the American Federation of Labor and the Committee on Industrial Organization have given wholehearted support to the national syphilis program, but are disinclined to advise active cooperation of members unless protection against discrimination is assured.

d) Follow-up Procedures: - All new cases and all delinquents should be reported to the local health authorities for epidemiological investigation, giving due consideration to the wishes and confidences of the patient. Patients should be vigorously warned of the dangers in lapsed treatment.

4) Records: - These should be confidential records filed in the medical department. Executives who might be prejudiced because of the existence of syphilis could not then discriminate against otherwise competent applicants. The services of the central tabulating unit punch card record

keeping system of the State Health Department are available to industrial clinics which meet the standards at no extra cost. This system simplifies keeping up with delinquents, epidemiological records, etc., and the statistical analyses.

5) Repression of Prostitution: - Effective measures should be established inside the plant which are carefully coordinated with the local government venereal disease control efforts.

6) Gonorrhea Control: - Will follow the same general lines as outlined above.

IMMUNIZATIONS:

Smallpox is no longer a major cause of death for only one reason -- vaccination. If smallpox should break out in an unprotected population, a major epidemic could occur. However, our relative freedom from major outbreaks for the past quarter of a century has resulted in laxness on the part of great numbers in our population in maintaining protection through vaccination. Therefore, all employees who have not been vaccinated within the past 10 years, should receive this protection. The Georgia Department of Public Health is prepared to supply smallpox vaccination points at 1¢ a point, which is less than cost.

Typhoid - The most satisfactory control of typhoid is the sanitation of food, water, and milk supplies and sewage disposal. However, in view of the possibility of bombing or sabotage which would disrupt such services, it is recommended that every employee be vaccinated yearly. The Georgia Department of Health is prepared to furnish all typhoid vaccine necessary at no cost.

Tetanus - Deaths from tetanus occur every year.

The possibility of bombing or sabotage increases the risk. Therefore,the immunization of all workers by vaccination with tetanus toxoid in the same manner as is routine in the military services is recommended.

NUTRITION IN INDUSTRY:

The National Nutrition Conference for Defense and the Committee on Nutrition in Industry of the National Research Council urgently recommended that special attention be paid to the diets and nutrition of all workers in industry, and particularly of those most directly concerned with the National War effort. A number of studies indicate that the majority of people in the United States are living on diets below the safety line. Nutrition workers know that men maintained on deficient diets become more easily fatigued and suffer from loss of interest in work, mental depression, and increased susceptibility to many illnesses. Their lost-time rate from illnesses is very much higher than in the well-nourished group. It has been observed in Britain that "the improvement of diet of workmen whose diet was not previously up to standard for health is followed by increased output without any conscious increased effort and also by a reduction in number of accidents." These findings are in agreement with similar studies in this country. The Minister of Labor in Great Britain recently ordered the establishment of canteens in all plants employing 250 or more workers.

Industry can best contribute to the nutritional health of its employees by providing lunches and supplementary feedings designed to furnish the employee with the food elements which are deficient in his diet at home, and to teach him by example the fundamentals of a safe, balanced diet. No milk, for example, is fully recommended unless produced in accordance with the Standard Milk Ordinance and also pasteurized.

In order to insure the provision of adquate, attractive, palatable and economical lunches, all cafeterias, kitchens, lunch stands, and food carts should be under plant management and run on a non-profit, non-loss basis. A director of nutrition, who is a trained nutritionist, should be employed to manage the services and supervise the marketing and menu-planning.

Working in conjunction with the medical department, this individual can assist employees and their families in marketing, menu-planning and proper food preparation, as well as hold classes in nutrition for wives and families of employees. The improved health of the entire family will be reflected in the health and productive capacity of the employees.

INDUSTRIAL HYGIENE:

Although occupational diseases and accidents account for less than 10% of total absenteeism in industry, these are economically important. It is these disabilities which account for the great cost of industrial compensation. Therefore, an important aspect of any industrial health program is the control of exposures indigenous to plant processing. Without the evaluation and control of such hazards, maximum reduction in industrial compensation, accidents, and diseases may not be obtained.

The safety or industrial engineer is trained to recognize such exposures. The medical and nursing personnel should familiarize themselves with the plant operations and hazards resulting therefrom. Then such problems may be properly evaluated and methods for their control devised.

There are well established methods which may be followed in adapting an industrial hygiene program to a plant. As with the control of communicable diseases, the approach is preventive, and has as its objective the removal of exposure rather than cure after damage is done. For many occupational diseases there is no cure, and the only method of attack is prevention.

By making detailed survey of the industrial plant it is possible to locate hazardous operations, and any other environmental conditions which may affect the health of the workers. These may include toxic dusts, fumes, vapors, gases, mists, or other air contaminants. When the presence of such a substance is established, a quantitative study of the workers exposed, and their immediate environment should be made. This includes analysis of toxic materials used, atmosphere in breathing area, and clinical studies of exposed workers. Such a study has as its objective the evaluation of the exposures of the workers and existing control or preventive measures employed.

Control procedures in such a program will vary with the exposure, but cover protective equipment, general and local exhaust ventilation, wet methods and the like. The design and efficiency of any such system should be checked carefully and records of performance kept. New installations should be based on accepted engineering practice.

In all matters concerned with industrial hygiene, the services of the Health Department should be freely sought. Here personnel, expertly trained in the various fields, are available. In addition, special laboratory facilities are at hand for any qualitative or quantitative studies which may be indicated. Consultation from this source is highly desirable, and proper cooperation with it will add much to the efficiency and success of the plant program.

SUMMARY

The following services are recommended for inclusion in an effective industrial health program. The State Department of Public Health is prepared to reorder substantial assistance in the development of such a program.

1) Pre-employment and periodic physical examinations for all personnel, executives included. Model record forms are appended.

2) Tuberculosis, venereal diseases, and other communicable diseases should be found and controlled in cooperation with the local health department. All workers should be protected by immunization against smallpox, typhoid, and tetanus.

5) Prevention and treatment of accidents. This includes preparation for emergency treatment of casualties resulting from bombing attacks or sabotage and should be coordinated with the official civilian defense organization.

4) A nutrition program in cooperation with the National Nutrition Plan.

5) Determination and control of sanitary and occupational hazards.

6) Absenteeism records from which rates can be calculated by color, sex, age, occupation and cause are very important. A simple record card which will supply this information is appended. These records are adaptable to punch cards.

7) Nursing follow-up of all absenteeism from illness in cooperation with the local health department and nursing services.

8) Health education through talks, movies, pamphlets, posters, demonstration, etc.

9) Rehabilitation service. Suitably trained cripples make reliable workers and become more stable employees than the so-called "physically perfect" group.

These and other features of the health program are in accord with the principles of the American Medical Association, the American College of Surgeons, and the United States Public Health Service.

SUGGESTED BUDGET: - Adequate to provide 24-hour protection per 10,000 employees

Medical Director	$ 6,000 - 10,000
3 Medical Assistants @ $3,600 - 5,000 . .	10,800 - 15,000
Nurse Supervisor	2,100 - 2,700
12 Nurses @ $1,200 - 1,500	13,200 - 16,500
Safety Engineer	3,600 - 5,000
Total Medical and Nursing	$35,700 - 49,200
X-Ray Technician	1,500 - 2,000
Laboratory Technician	1,500 - 2,000
4 Clerks @ $1,200 - 1,500	4,800 - 6,000
4 Orderlies @ $600 - 900	2,400 - 3,600
Total Technical and Clerical	$10,200 - 13,600
Medical and Surgical Supplies and other expenses	11,000 - 15,200
Total Medical Department Budget exclusive of outside medical, surgical, and hospital expenses	$56,900 - 78,000

The insurance carrier should be responsible for a part of the above budget proportional to the amount of accident and compensation work done by the medical department.

A full time medical director appears to be essential. His assistants should preferably be full time men, but an equivalent amount of service from part time men under his direction might be satisfactory.

The cafeteria should be run on a pay-as-you-go but non-profit basis. A trained nutritionist as administrative supervisor should be obtainable at a salary of $2,100 - $2,700.

RECORD OF INITIAL PHYSICAL EXAMINATION

Date ..... Social Security No. .....

Time Card No. .....

Name ..... (Last) ..... (First) ..... (Middle) .....

Address ..... (Permanent) .....

Age ... Color ... Sex ... Single ☐ Married ☐ Widowed ☐ Divorsed ☐

Date of Birth ..... Country of Birth ..... Are you a citizen of U.S. .....

FAMILY HISTORY:

Father: Living ☐ Dead ☐ Pres. or age at death ___ Cause of death .....

Mother: Living ☐ Dead ☐ Pres. or age at death ___ Cause of death .....

Has any member of household been ill with tuberculosis, cancer, or chronic disease? .....

If so, name of disease .....

PERSONAL HISTORY:

Number of children ..... Living ..... Ages .....

Dead ..... Ages at death ..... No. of dependents .....

Have you had the following? Give age:

Diphtheria .... Scarlet fever .... Pneumonia .... Malaria .... Syphilis .....

Rheumatism .... Typhoid fever .... Influenza .... Epilepsy .... Gonorrhea ....

Other diseases .....

Accidents (Injuries) .....

Operations .....

Female: Number of: Abortions ..... Miscarriages .....

Menstruation .....

Pelvic disease .....

Vaccinations (date) Smallpox ..... Typhoid .....

(Final application will be deferred until acceptable vaccinations have been completed)

OCCUPATIONAL HISTORY: (Start with your present employment and continue back chronologically through your earliest employment)

YEARS EMPLOYED	TYPE OF WORK	EMPLOYER	OCCUPATIONAL INJURIES OR DISEASES

(Signature of Applicant)

Vaccinations Completed - (date) Smallpox ..... Typhoid ..... Tetanus .....

Blood Typing Group: O ..... A ..... B ..... AB .....

CLASSIFICATION: (See back page) A B C D

..... M.D.
(Signature of Examiner)

INDUSTRIAL HYGIENE SERVICE
GEORGIA DEPARTMENT OF PUBLIC HEALTH
Atlanta, Georgia

7-28-42 - 500 (Revised)

PHYSICAL CLASSIFICATION GRADES

CLASS A: With none or only slight physical deficiency. Acceptable for any type of service.

For example: Applicants without physical defects, or with slight defects in hearing or vision; diseased tonsils or teeth; slight deformities; slight varicocele or hydrocele; slight varicose veins or hemorrhoids; slight umbilical hernia; etc.

CLASS B: With moderate physical deficiency. Acceptable for such types of employment as are mutually agreed to by local representatives of Labor Management and War Production Drive Committee as not constituting more than usual hazard to self and/or fellow employees.

For example: Applicants with moderate defects in vision, as distant vision over 20/40; blindness in one eye; moderate deafness; moderate varicocele or hydrocele; moderate varicose veins or hemorrhoids; moderate deformities, such as multiple loss of fingers or toes, ankylosis, etc.; enlarged inguinal rings with potential hernia; mild valvular heart disease; moderate hypertension; etc.

CLASS C: With severe physical deficiency. Acceptable for special types of employment only upon recommendation of local representatives of Labor Management and War Production Drive Committee, approved by the respective heads of these services.

For example: Applicants with marked defects in vision or deafness; marked varicocele or hydrocele; marked varicose veins or hemorrhoids; marked deformities, such as loss of arm or leg, paralysis, etc.; hernias; marked valvular heart disease with heart compensating; marked hypertension, etc.

CLASS D: With exaggerated physical deficiency. Not acceptable for any employment because of unusual hazard to self and/or fellow employees.

For example: Applicants with severe heart disease, heart not compensating; active tuberculosis; epilepsy; insanity; acute syphilis or gonorrhea until rendered non-infectious; advanced disabling syphilis; any other condition which in the examining physician's opinion would make the applicant an unusual hazard to self and/or fellow employees.

NOTE: The physical examination record, including the information on first page, is to be filled out as completely as possible for each individual examined. It will be noted that on the physical examination proper the words "Normal" and "Abnormal" are used in so far as practicable. If findings are normal, indicate by a check mark in the proper space; if abnormal, note conditions clearly and concisely.

PHYSICAL EXAMINATION

Name ..... (Last) ..... (Middle) ..... (First)

GENERAL APPEARANCE

Development: Normal ..... Abnormal .....

Nutrition: Normal ..... Abnormal .....

HT. AND WT.

Standing Height (stripped) ..... inches Weight (stripped) ..... pounds

EYES

Reaction: Normal ..... Abnormal .....

Vision: Without glasses, Rt 20/..... Left 20/.....
With glasses, Rt 20/..... Left 20/.....

Other Abnormalities .....

EARS

Hearing: Normal ..... Abnormal .....

Ext. Aud. Canals Normal ..... Abnormal .....

Drums: Normal ..... Abnormal .....

Other Abnormalities .....

NOSE

Septum: Normal ..... Abnormal .....

Other Abnormalities .....

TEETH

Missing Teeth: (Circle missing natural teeth)

(U. R. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 U. L.)
(L. R. 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 L. L.)

Oral Hygiene ..... Caries ..... Pyorrhea .....

Other Abnormalities .....

THROAT

Tonsils: Normal ..... Abnormal .....

Other Abnormalities: .....

CHEST

Circumference: Rest ..... cm. Forced Inspiration ..... cm.
Forced Expiration ..... cm.

Other Abnormalities:

PULMONARY SYSTEM

Fluorographic: Normal ..... Abnormal .....

X-ray Findings: .....

Inspection: Normal ..... Abnormal .....

Palpation: Normal ..... Abnormal .....

Percussion: Normal ..... Abnormal .....

Auscultation: Normal ..... Abnormal .....

Diagnosis: .....

CARDIO VASCULAR SYSTEM

Electrocardiogram: Normal ..... Abnormal .....

Arteries: Normal ..... Abnormal .....

Veins: Normal ..... Abnormal .....

Heart: -Size Normal ..... Abnormal .....

Rhythm Normal ..... Abnormal .....

Sounds Normal ..... Abnormal .....

Pulse Rate - Sitting ..... After exercise ..... After 2 mins. rest .....

Blood pressure - Systolic ..... mm. hg. Diastolic ..... mm. hg.

Diagnosis .....

ABDOMEN	Circumference: ..... cm. Operations: ..... Palpation: Normal ..... Abnormal ..... Other Abnormalities .....
GENITALIA AND RECTUM	Urethra: Normal ..... Abnormal ..... Penis: Normal ..... Abnormal ..... Scrotum: Normal ..... Abnormal ..... Rectum: Normal ..... Abnormal ..... Other Abnormalities .....
HERNIA	Type and Location ..... Inguinal Rings (Degree of enlargement) Right ..... Left .....
GLANDS	Lymphatic: Normal ..... Abnormal ..... Endocrine: Normal ..... Abnormal .....
SKIN	Normal ..... Abnormal .....
DEFORMITIES	Skeletal ..... Other .....
EXTREMITIES	Varicose Veins (Degree and Location) ..... Feet: Normal ..... Abnormal .....
NERVOUS SYSTEM	Reflexes: Patella Normal ..... Abnormal ..... Romberg's ..... Gait (Describe) ..... Paralysis (Describe) Other Abnormalities .....
REMARKS	Additional Information .....
LABORATORY	Kahn Test for Syphilis: Date Collected ..... Neg. ..... Pos. Date Collected ..... Neg. ..... Pos. Date Collected ..... Neg. ..... Pos. Date Collected ..... Neg. ..... Pos. Urine: Sp. Gr. ..... Reaction ..... Albumin ..... Sugar ..... Microscopical .....
RECOMMENDED CORRECTIONS	

RECORD OF CHEST X-RAY, BLOOD SEROLOGY, AND BLOOD TYPING GROUP

NAME _____ SOCIAL SECURITY NO. _____
(Last) (First) (Middle)

PERMANDNT ADDRESS _____
Street City County State

CHEST MICROFILM FLUOROGRAPH DATE _____ FILM NO. _____

NORMAL _____ ABNORMAL _____

14 x 17 CHEST FILM RECOMMENDED YES ( ) NO ( )

14 x 17 CHEST X-RAY DATE _____ FILM NO. _____

NORMAL _____ ABNORMAL _____

DIAGNOSIS _____

RECOMMENDATION _____

KAHN TEST FOR SYPHILIS _____ DATE COLLECTED _____

NEGATIVE _____

POSITIVE _____

REFERRED TO _____ FOR DIAGNOSIS AND TREATMENT.

BLOOD TYPING GROUP: O _____ A _____ B _____ AB _____

Name _____ *No.* _____ *Soc. Sec. No.* _____ *Plant* _____

Address _____

Color _____ *Sex* _____ *Date of Birth* _____ *S M W D* _____

Country of birth (of self) _____ *Years in pres. occu. prior to date this record begins* _____

" " " *(of father)* _____ *Previous occupation and industry* _____

" " " *(of mother)* _____ *Years in previous occupation* _____

_____ *Length of service with Co. prior to date this rec. begins* _____

DEPARTMENTS AND OCCUPATIONS WORKED IN SINCE DATE THIS RECORD BEGINS

FROM	TO	DAYS EX.	DEPT.	OCC.	FROM	TO	DAYS EX.	DEPT.	OCC.

Defects: 1st *Ex.* _____

" 2nd *Ex.* _____

" 3rd *Ex.* _____

" 4th *Ex.* _____

" 5th *Ex.* _____

DATES: 1st Ex. _____ 2nd *Ex.* _____ 3rd *Ex.* _____ 4th *Ex.* _____ 5th *Ex.* _____

Date Employment Ended _____

ABSENTEEISM RECORD

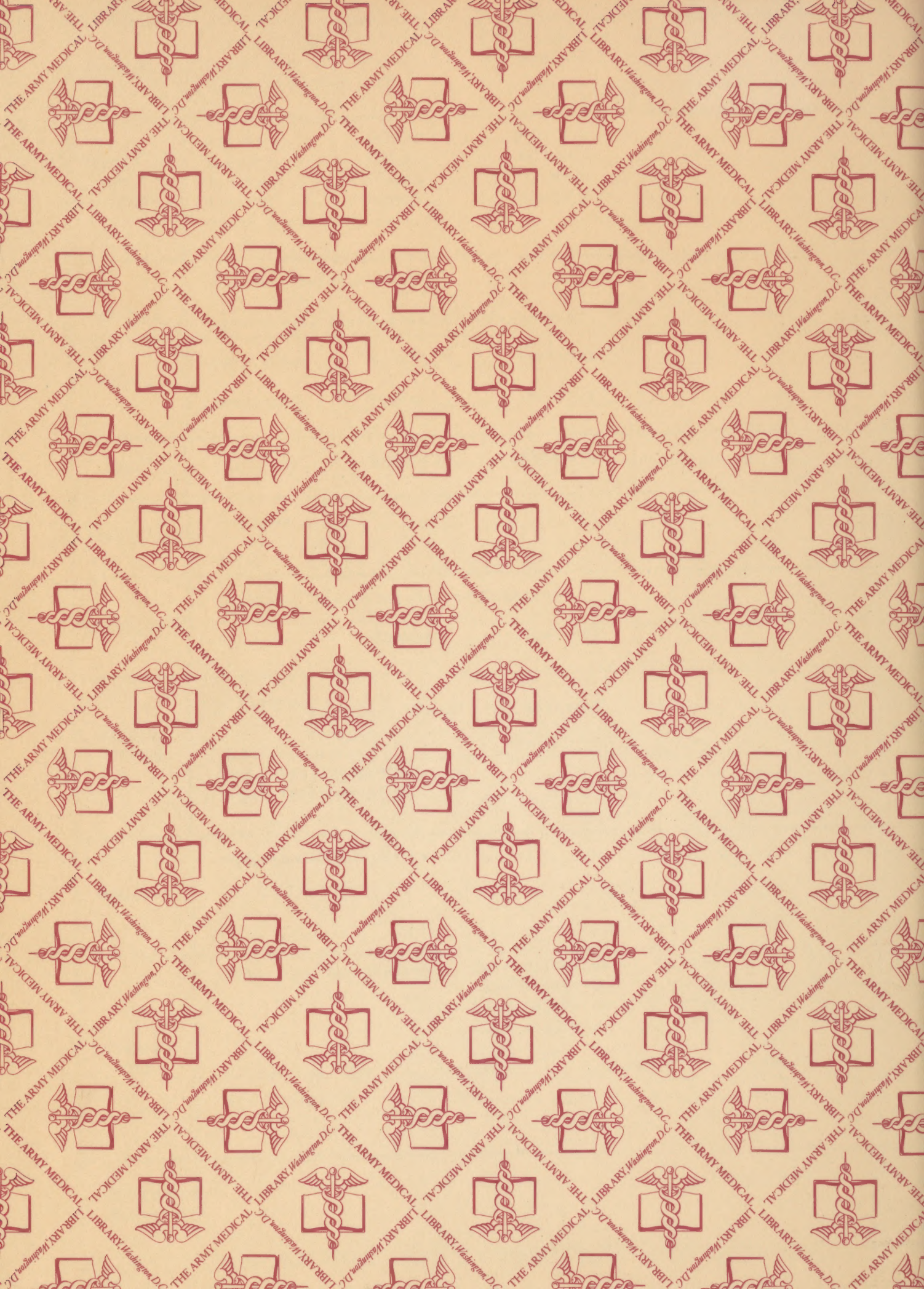
Name _____ *No.* _____ *Sex* _____ *Plant* _____

Date Absences Began	Date Returned To Work	Cal. Days Lost	* Cause	DIAGNOSIS OF SICKNESS OR INJURY	** By Whom Diagnosed	*** Termination

*—Cause—R—Respiration
D—Digestive
NRND—Nonrespiratory-nondigestive
Ill defined or unknown conditions
N—Nonindustrial injury
I—Industrial injury

**By Whom Diagnosed
P—Physician
F—Family
N—Nurse
W—Worker himself
O—Other

***Termination
R—Recovered
D—Died
P—Pension or retired
U—Unknown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